MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/551713

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
201							51						
202							52						
203			i				53						
204							54						
205							55						
206							56						
207							57						
208							58						
209							59						
210							60						
211			i				61						
212							62						
213							63						
214							64						
215							65						
216							66						
217							67						
218							68						
219							69						
220			i				70						
221							71						
222							72						
223							73						
224							74						
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228							78						
229							79						
230							80						
231							81						
232							82						
33							83						
34							84						
35							85						
36							86			\			
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		⬇	3	⬇		⬇	TOTAL IND.		⬇		⬇		⬇
TOTAL DEP		⬅	27	⬅		⬅	TOTAL DEP		⬅		⬅		⬅
TOTAL CLAIMS			30				TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)

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